Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) AUGUST 1991 Page 16 OMB NO.: 0938-NEW MEXICO State: Agency* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) (4)Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. 42 CFR 435.230 Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. (6) Disabled individuals in domiciliary facilities or other group living

(7)

that meets the conditions specified in 42 CFR 435.230.

(8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.

arrangements as defined under SSI.

Individuals receiving a Federally administered optional State supplement

___ (9) Individuals in additional classifications approved by the Secretary as follows:

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TN No. 87-3

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	STATE NW MEXICO	
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ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 16a **AUGUST 1991** OMB NO.: 0938-NEW MEXICO State: _ Citation(s) Groups Covered Agency* B. Optional Groups Other Than the Medically Needy (Continued) The supplement varies in income standard by political subdivisions according to cost-of-living differences. Yes. No. The standards for optional State supplementary payments are listed in Supplement 6 of $\underline{\text{ATTACHMENT}}$ 2.6-A. JAN 1 5 1992 TN No. Effective Date Approval Date Supersedes TN No. HCFA ID: 7983E STATE --

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Revision: HCFA-PM-91-48 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 17 OMB NO .: 0938-State: NEW MEXICO Agency - Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 42 CFR 435. 230 <u>/_/</u> 11. Section 1902(f) States and SSI criteria States 435.121 without agreements under section 1616 or 1634 1902(a)(10) of the Act. (X)(ii)(XI)of the Act The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is -a. Based on need and paid in cash on a regular basis. b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement. c. Available to all individuals in each classification and available on a Statewide basis. d. Paid to one or more of the classifications of individuals listed below: (1)All aged individuals. (2) All blind individuals.

(3)

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All disabled individuals.

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HCFA - Region VI

July 1991

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Agency* Citation(s) Group Covered

1902(a)(10)(A)(ii) × 13. The following individuals who are not described in

1902(a)(10)(A)(u) (DX) and 1902(1) of the Act, P.L. 100-203 (Section 4101) The following individuals who are not described in section 1902(a)(10)(A)(i) of the Act whose income level (established at an amount not more than 185 percent of the Federal poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in

Woman during pregnancy (and during the 60-day period beginning on the last day of pregnancy) and infants under one year of age.

Supplement 2 to <u>ATTACHMENT 2.6-A:</u>

Infants who are receiving inpatient services on the date they reach the maximum age for coverage under the approved plan will continued to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

*Agency that determines eligibility for coverage.

TN No. Approval Date OCT 28 1991 . Effective Date II - 1 1991

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1902(a)(10(E)(i) and 1905(p) of

1902(a)(10)(E)(ii),

1905(p)(3)(A)(i)

1905(s) and

of the Act

* HSD

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ATTACHMENT 2.2-A Page 9b

State: New Mexico

Agency*

the Act

*HSD

Citation(s)

Groups Covered

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

25. Qualified Medicare beneficiaries --

Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);

- Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

26. Qualified disabled and working individuals --

- Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicars Part A premiums under section 1818A of the Act.)

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*Agency that determines eligibility for coverage.

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State:	New Mexico

Agency*

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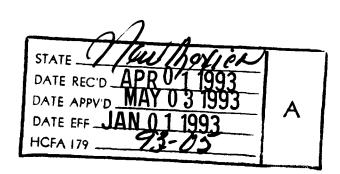
Groups Covered

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10(f)(iii) and 1905(p)(3)(A)(Li) of the Act * HSD

- 27. Specified low-income Medicare beneficiaries--
 - Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
 - b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25. b., but is less than 110 percent of the Federal poverty level, and whose income for calendar Years beginning 1995 is less than 120 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)



*Agency that determines eligibility for coverage.

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New Mexico								
ydeuch.	Citation(s)	Citation(s) Groups Covered						
		A.			Coverage - Categorically Needy and Other pecial Groups (Continued)			
	1634(e) of the Act		28.	a.	Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) or (v) of Section 1611(e)(3)(A) shall be treated, for purposes of title IIX, as receiving SSI benefits for the month.			
	35 · •			b.	The State applies more restrictive eligibility standards than those under SSI. Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of Section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically			

needy.

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*Agency that determines eligibility for coverage.

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ATTACHMENT 2.2-A

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	HCFA-PM-91-4 -AUGUST 1991	(BPD)	ATTACHMENT 2.2-A Page 9c OMB No.: 0938-
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	. В. Ор	tional Groups Ot	her Than the Medically Needy
435 190 (10 190	CFR // 1. 5.210 (2(a) ()(A)(ii) and ()5(a) of () Act	income and reso	cribed below who meet the urce requirements of AFDC, SSI, or an supplement as specified in 42 t who do not receive cash
		The plan above.	covers all individuals as described
			covers only the following groups of individuals:
			ed ker relatives nt women
	CFR $\sqrt{\overline{X}}$ 2.	or an optional	would be eligible for AFDC, SSI State supplement as specified in 42 they were not in a medical

*Agency that dete	ermines eligibility for coverage.	OCT	1 1991
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Revision:

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· Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508 (section 4732)

3. The State doese as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(III), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(c).

The State elects to guarantee eligibility.

The minimum enrollment period is

months (not to exceed six).

The State measures the minimum enrollment period from:

The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

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*Agency that determines eligibility for coverage.

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State/Territory:

Citation(s)

NEW MEXICO

1903(m)(2)(F)
of the Act,
P.L. 98-369
(section 2364),
P.L. 99-272
(section 9517),

P.L. 101~508

(section 4732)

Agency*

B. Optional Groups Other Than the Medically Needy (Continued)

Groups Covered

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

Disenrollment rights are restricted for a period of six months (not to exceed 6 months).

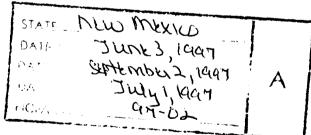
During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732) In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.



*Agency that determines eligibility for coverage.

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